

Covered California's 2014 Standard Plans for Individuals – Key Benefits

	Platinum	Gold	Silver (Lower Cost Sharing Available on Sliding Scale)	Bronze
COPAYS IN THE GREEN SECTIONS ARE NOT SUBJECT TO <u>ANY</u> DEDUCTIBLE AND COUNT TOWARD THE ANNUAL OUT-OF-POCKET MAXIMUM			BENEFITS IN BLUE ARE SUBJECT TO DEDUCTIBLES	
Deductible (if Any)	No Deductible	No Deductible	\$2000 Medical Deductible	\$5,000 Deductible for Medical and Drugs
Preventive Care Copay	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$25	\$45	\$45	\$60 for 3 Visits Per Year
Specialty Care Visit Copay	\$50	\$65	\$65	\$70
Urgent Care Visit Copay	\$50	\$90	\$90	\$120
Generic Medication Copay	\$5	\$25	\$25	\$25
Lab Testing Copay	\$25	\$45	\$45	30%
X-Ray Copay	\$40	\$65	\$65	30%
Emergency Room Copay	\$150	\$250	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	<u>HMO</u> Outpatient Surgery -- \$250; Hospital -- \$250 per day up to 5 days <u>PPO</u> 10%	<u>HMO</u> Outpatient Surgery -- \$600; Hospital -- \$600 per day up to 5 days <u>PPO</u> 20%	20% or Your Plan's Negotiated Rate	30% of Your Plan's Negotiated Rate
Brand Medications May be subject to Annual Drug Deductible before you pay the Copay	No Deductible	No Deductible	\$500 Drug Deductible then you pay the Copay Amount	No Separate Drug Deductible
Preferred Brand Copay After Drug Deductible (if any)	\$15	\$50	\$50	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$4,000	\$6,400	\$6,400	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$8,000	\$12,800	\$12,800	\$12,800

